SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR PURILETON

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Sep 08, 2003 8:00 am	
1. Entity Nam	ne	0041586		Secretary of 09-08-2003 90139 022 *:	
FIESTA P	ROMOTIONS ASSOCIATES,	INC.			
2592 MACON	e of Business CIRCLE YERS FL 33917.	Mailing Address 2592 MACON CIRCLE NO. FORT MYERS FL 30	391.7		
US		U\$			
2. Principal F	Place of Business S.w. SY* LANE #, etc.	Suite, Apt. #, etc.	SY"LANE	CHECK HERE IF MAKING CHA	
City & Stat	Le Const FLA	City & State	COMPL PLA	4. FEI Number 80-0035875	Applied For Not Applicable
Zip 339	Country USA.	Zin 39/4	Country		75 Additional Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agen	t
	ER, PAUL CON CIRCLE T-MYERS FL 83 917	Ades >	Street Address (PO Sox Number is Not Acceptable) PO Consul FL	Zip 20dg Q/V
	ions of registered agent.	gue	registered office or register	red agent, or both, in the State of Florida. I am famili	ar with, and accept
After Se	Signature rype or printed name of registered aggreen ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.00 Payable to Florida Department of	00	re: negisiara Agent signature requirer	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND D	URECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 11
TITLE NAME STREET ADDRESS	P SYLVESTER, PAUL 3326 NORTH KEY DR. # D-8	☐ Delete	TITLE NAME STREET ADDRESS		Change Addition Change Addition Addition CO(4)
CITY-ST-ZIP TITLE	FORT MYERS FL 33903 S LOSA DE LARA, CAROL	□ Delete	CITY-ST-ZIP TITLE		Change
NAME STREET ADDRESS CITY-ST-ZIP	19531 HUBER RD. FORT MYERS FL 33917		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE		Change Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE		Change
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street address City-St-Zip		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby of indicated of the corchanged,	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trusted empoy or on an attachment with an address, wi	nis filing toes not qualify frue and accurate and that vered to execute this apport thall other like emogwered	or the exemption stated in Se try signature shall have the s yes required by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify th same legal effect as if made under oath; that I am an 7, Florida Statutes; and that my name appears in Bloo	at the information officer or director ck 10 or Block 11 if

ATTACHMENT

COSSENTINO & ORLANDO

ACCOUNTANTS 1402 Cape Coral Parkway Cape Coral, FL 33904 (239) 945-4939 Fax (239) 945-4938 80145079 P01000041584

August 31, 2003

Florida Department of State Division of Corporation P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Fiesta Promotions Associates, Inc. #P01000041586

To Whom It May Concern,

I am the accountant for the above mentioned client. In March of 2003, we contacted the Department of State because my client did not receive his annual filing report. They said, his annual report was sent back since the address was incorrect when we called Tallahassee. They said they would send another blank form immediately, before the May 1st due date. In late April of 2003, we again called and informed the Department of State, that we never received the blank form. Finally, on August 26, 2003, we received the Filing Form, with the wrong address, that should have been sent in January of 2003. We complained to the Department of State that because of their error, we did not feel that we were liable for the \$550.00 fee. They advised us that we should send in this letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should have any questions, please feel free to contact me.

Thank you,

Salvatore J. Cossentino